



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R13/9-10)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Odle	First Name Samuel	Middle Name L.	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 3939 Priority Way S. Dr., Suite 400			5. FAX (Optional) ( )	6. E-mail Address (Optional)	
7. City Indianapolis	State IN	ZIP Code 46240	8. County Marion	9. Telephone (Day) 317, 706-6349	10. Telephone (Evening) ( )
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) IPS School Board At-Large		

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Odle For School Board					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 3939 Priority Way S. Dr., Suite 400			15. FAX (Optional) ( )		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46240	18. County Marion	19. Telephone ( )	20. Committee Organization Date (MM-DD-YY) 09-12-12
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson William Crawford					
22. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. Box 18446			23. FAX (Optional) ( )		24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46218	26. County MARION	27. Telephone (Day) (317) 507-4186	28. Telephone (Evening) ( )
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes		

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Alex Oak			Signature of the Committee Chairperson <i>William A. Crawford</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Alex Oak					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 3939 Priority Way S. Dr., Suite 400			35. FAX (Optional) ( )		36. E-mail Address (Optional)
37. City Indianapolis	State IN	ZIP Code 46240	38. County Marion	39. Telephone (Day) (317) 844-6777	40. Telephone (Evening) ( )

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>Alex Oak</i>
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson	Signature of Chairperson	Date (MM-DD-YY)
43. Typed or Printed Name of Candidate	Signature of Candidate	Date (MM-DD-YY)

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

*Elizabeth A. White*

SEP 27 2012

**FILED**